

REPRODUCTIVE HEALTH OF TEA GARDEN COMMUNITY, WITH SPECIAL REFERENCE TO TEOK TEA ESTATE

Mayashree Buragohain

Research Scholar, The Assam Kaziranga University

Dr. Sumita Sarkar

Professor and Dean, The Assam Kaziranga University

Abstract: Reproductive health is an essential aspect of human well being and development of Social structure. The women working in the tea gardens, they are always visualised as women with cane basket on her back, picking leaves in a lush tea garden and smiling. Constituting half of the work force, Assam's tea garden women labourers plucking tea leaves are backbreaking work, involving long hours and less regard towards their health and social security. Adolescent girls and women in these communities are at the risk of poor growth and development. They also suffer the most from the high disease risk that contributes to the growth rate of maternal mortality. Apart from the low level of education, the adolescent girls are likely to marry early for which they attend early pregnancy. Their total dependence on the tea industry makes them vulnerable to exploitation and limits their participation in mainstream development. This study examines about the reproductive health status, awareness and healthcare utilization among women from tea garden communities of Teok Tea Estate. Researcher used explorative research design to analyze about reproductive health of this community, also used purposive random sampling and unstructured interview schedule.

Keywords: Reproductive health, health awareness, health care facilities.

Introduction: In our society women are always seen as subjugated or deprived group because of their bodily differentiation with other members of the society. As a member of social group the tea tribe's women lead a very busy life with their productive, reproductive and other domestic activities. They are engaged in tea garden and they also have to perform domestic work, caring their children and other members of their family. In their unhygienic work conditions many times they are facing different health problems. Among various dimensions of health tea tribe women are facing reproductive health problem as a main problem among them. A study by UNICEF and the Assam Medical College found that, out of the 14 meals in a week, only two are nutritional in a tea tribe family due to which the members aren't well nourished. In a study done by the UNICEF, 95% women labourers in the tea gardens are to be anaemic, which is related to poor nutrition. Anaemia makes women particularly vulnerable during pregnancy and child birth. The NRHM on its investigatory study found that Assam has one of the country's highest maternal mortality ratios (328 per 100,000 live births), to which the tea garden women labour population contributes the highest percentage to it. The female in tea gardens engages themselves into labour at a very tender age and so are likely to marry early, as it has been running as an age-old tradition, which has stood

as a challenge to change mindsets of the Adolescent Girl Club forwarded by ABITA and UNICEF. In the article “Open defecation affects Pregnancy outcomes to, New study finds”, Vasudevan Mukuth states “Poor sanitation practices like open defecation have been known to cause stunting in the maternal health of the women labourers and their children, including contamination of water resources leading to cholera, typhoid and dysentery. The mechanism of these adverse outcomes is the effect of the unhygienic biosphere the open faecal matter results in, festering bacteria, viruses and other contaminants that poison food and water. In “*Study of health problems and nutritional status of tea garden population of Assam*” J. Mahanta mentions that health status of the women population can be ameliorated through better hygienic practices, environmental sanitation, creating health awareness, nutritional intervention and overall improvement of socioeconomic conditions of the population. According to “*Tea Garden in the east is brewing starvation, Malnutrition*” by Mohuya Chaudhuri states that the NRHM’s estimates, 80% of maternal deaths occur inside plantations. Since there are less number of health centres in the vicinity or inadequate medical help, the cases of high-risk deliveries or other complications risks both the pregnant mother and newborn infants to which they tend to lose their lives. In “*Tackling the rights of Advasis to safe motherhood*” by Aarti Dhar mentions that Since sickle cell anaemia as well as falciparum malaria are highly prevalent in tea garden women labourers, it is imperative that these be screened for antenatal care and to which appropriate treatment should be provided. In addition to this, TB and silicosis have also been reported as occupational hazards among these women labourers.

Theoretical Framework:

This analysis draws upon the social determinants of health framework; it argues that health outcomes are shaped by social economic and environmental conditions. According to this perspective:

Poverty limits access to healthcare and nutrition.

In decision –making and health awareness process education is the main indicator

Gender relation impacts on reproductive autonomy

Occupational conditions impact on physical health and pregnancy outcomes

This framework analysed about why reproductive health problem impact on tea garden communities despite the availability of government health problem.

The Social Ecological Model:

This framework analyzed that health in marginalized communities is shaped not only by individual behaviour but also by family relationships, community environments, institutional support and public policies.

Objectives of the Study:

- i) To understand the health status of women labourers and their living conditions.
- ii) To identify the socio-economic and cultural determinants affecting reproductive health.

Methodology:

The various methodologies undertaken for the study are mentioned below in sequence.

A. The Universe of the Study:

The study is done in the Teok Tea Garden situated at Jorhat district of Assam. Jorhat is known for being the largest and the oldest tea research institute of the world established in 1911 Tocklai Tea research center. Since the research study is based on the reproductive health and social security system of the women labourers in the tea garden therefore this study is carried out in the tea garden mentioned above.

B. Sample Collection:

We selected sample of 90 women labourer by using purposive sampling technique of Teok tea Garden area in the research study.

C. Methods of Data Collection:

The research study is based on both primary data like the subjects concerned to it as well as the secondary data like journals, e-books, magazines, etc

D. Research Design:

The research design is based on explorative and descriptive research design.

E. Tools of Data Collection:

The tools of data is both questionnaire and unstructured interview schedule. A sample of the research question is mentioned below.

1. How many women are engaged as labourers in the Teok tea Garden?
2. How do you meet your medical needs?
3. Are the medicines always available for you when in need?
4. What type of treatment do you prefer from traditional to the modern?
5. Are you aware of the free schemes and policies forwarded by the government for your growth and development?

Discussion:

Reproductive health is a state of complete physical, mental and social well being in all matters related to the reproductive system. It is not merely the absence of disease or illness. According to the WHO, reproductive health includes the ability to have a safe and satisfying sexual life, the capability to reproduce and the freedom to decide if, when and how often to have children. Many women lack access to maternal healthcare, antenatal and postnatal services and menstrual hygiene facilities. Frequent pregnancies, inadequate healthcare, and poor nutrition further weaken their health. Mental health problems such as stress, anxiety, and depression are also common due to financial insecurity, work pressure, and family responsibilities.

In garden area many time women have different workload which impact on their health status. They worked many time as a labourer, as a mother, as a house maker, as a member of the community which impact on their reproductive status. Many suffer from anaemia, chronic fatigue, back pain, joint pain, and other musculoskeletal disorders resulting from continuous manual labour. Occupational hazards such as exposure to pesticides, dust, chemicals, and extreme weather conditions increase the risk of respiratory diseases, skin disorders, and injuries.

The results research regarding the reproductive health of tea garden community of teok tea garden area, Jorhat District of Assam.

Table: 1.1 Health Status of Women Labourers by age group (Sample Size 90)

The Critical Role of an Integrated Engineering Program in Deploying Solar-Powered Roads with Dynamic Inductive Charging

Age group (years)	Good	Average	Poor	Total
18-25	10	7	3	20
26-35	9	14	7	30
36-45	5	13	7	25
46 years and above	3	5	7	15
Total	27	39	24	90

Health status	Frequency	Percentage
Good	27	30
Average	39	43.34
Poor	24	26.67

According to the above information 43.34 % of age group of women labourer had average health status. 30% of the women labourer had good health status. One fourth of the population have poor health status. It indicates that the substantial proportion of women continue to face health related challenges.

Table: 1.2 Ages at First Pregnancy

Ages at First Pregnancy (Year)	Frequency	Percentage
Below 18	10	11.11
18-20	40	44.5
21-23	24	26.66
24-26	12	13.33
Above 26	4	4.4
Total	90	100

From the information of Table no: 1.2 shows the highest rate of first pregnancy is seen among women aged 18-20 years, while the number of women having their first pregnancy at age 26 or above is comparatively low. This indicates that the tendency to become pregnancy at younger age is greater. Such a situation can have a significant impact on women's reproductive health which leads to anaemia, malnutrition, pregnancy- related complications and premature birth increased risk of maternal and child health problems.

Table: 1.3 Birth Intervals between Children

Birth Intervals between Children	Number of Respondent	Percentage
----------------------------------	----------------------	------------

The Critical Role of an Integrated Engineering Program in Deploying Solar-Powered Roads with Dynamic Inductive Charging

Less than 24 months	20	22.22
24-35 months	33	36.67
36-59 months	24	26.67
60 months and above	13	14.44
	90	100

According to the above information 36.67 percentage of women had a birth interval of 24-35 months, 26.67% of women with a birth interval of 36-59 months, 22.22% with a birth interval of less than 24 months and only 14.44% with a birth interval of 60 months or more. These findings indicates that a considerable proportion of women have relatively short birth intervals. The short intervals may affect on the reproductive health of women, as they do not allow sufficient time for the mothers physical recovery between pregnancies.

Table: 1.4 Knowledge of Reproductive Health

Level of Knowledge	Number of Respondent	Percentage
Good	22	24.44
Moderate	40	44.45
Poor	28	31.11
Total	90	100

From the following information of the study on women reproductive health reveal that 44.45% of the respondents had a moderate level of knowledge, 24.44% had a good level of knowledge. This result indicates that only about one fourth proportion of women possess a good level of knowledge. It highlighted the need to strengthen awareness and educational interventions on reproductive health.

Table: 1.5 Knowledge on Family Planning Methods

Level of Knowledge	Number of Respondent	Percentage
Good Knowledge	24	26.66
Moderate Knowledge	45	50
Poor Knowledge	21	23.34
Total	90	100

According to the above information on tea garden women's knowledge of family planning methods reveals that half of the respondents have a moderate level of knowledge and one –quarter still have poor knowledge about family planning methods. Community based health promotion activities, counselling services and emotional interventions should focus on improving knowledge of family planning methods.

Table: 1.6 Distribution of women labourers by Menstrual Hygiene Practices

The Critical Role of an Integrated Engineering Program in Deploying Solar-Powered Roads with Dynamic Inductive Charging

Menstrual hygiene practices	Number of Respondent	Percentage
Good	35	38.88
Fair	32	35.56
Poor	23	25.56
Total	90	100

The distribution of women labourers by menstrual hygiene practices revealed that 38.88 % of the respondent had good menstrual hygiene practices 35.56 % had fair menstrual practices and 25.56 % had poor menstrual practices. Although a large proportion of the respondent have good menstrual hygiene practices but a considerable percentage still fell into the fair and poor categories. It indicates that many women's are not following menstrual hygiene practices.

Table: 1.7 Access to safe drinking water

Primary source of drinking Water	Frequency	Percentage
Tea garden pipe supply	15	16.67
Tube well	50	55.56
Public Tap	15	16.66
Other sources (Well/ Stream)	10	11.11
Total	90	100

According to the above information 55.56 % of the respondent reported that tube wells as their primary source of drinking water in the study area, Meanwhile 16.67% of the respondent depended on public taps and another 16.67 % depended on tea garden pipe supply and another 11.11 % of the population used other sources like well and stream which indicates that half of the respondent have depended on tube wells or considerable proportion still depend on public water sources.

Table: 1.8 Accesses to Health Care Services

Health care service usually Accessed	Frequency	Percentage
Tea Garden Hospital / Dispensary	40	44.44
Government Hospital/Primary Health Centre	35	38.89
Private Clinic/ Hospital	7	7.78
Traditional healer	8	8.89
Total	90	100

According to the information there are 44.44 % of the respondent's accessed health care services from their tea garden hospitals, 38.89% sought treatment from government hospitals and 7.78 % preferred private clinic and 8.89% respondent relies on traditional healer. It indicates that tea garden hospitals play a crucial role in providing health services to women labourers.

Table: 1.9 Decision making on reproductive health

Decision Maker	Frequency	Percentage
Self	13	14.44
Husband	43	47.78
Joint Decision	24	26.67
Mother in law and Other family Member	10	11.11
Total	90	100%

Above information shows that 47.78% of the respondents depended on husband for primary decision making process on reproductive health 26.67% of the respondent stated that reproductive health decisions are made jointly by husband and wife, 14.44 % decision are taken by them independently and 11.11% reported decisions were taken by their mother in law or other family member. It shows that men continue to play a dominant role in reproductive health decisions within the family.

Major Findings:

Several factors contribute to the reproductive health status of women labourers:

1. The study found moderate level of knowledge about family planning method is affecting on reproductive health of tea garden women's.
2. The study shows that tendency to become pregnancy at younger age is impact on their reproductive health.
3. Heavy physical workload and long working hours is another factor of reproductive health status.
4. The study also found that short birth interval process may effect on their reproductive health.
5. The study also found that access to safe drinking water also impact on reproductive health of Tea garden community.
6. The result also indicates that only about one fourth proportion of women possess a good level of knowledge.
7. The study also shows that dominant role of male member in decision making process is another factor of reproductive health.

Implications of the Study:

1. Community awareness: Reproductive health issue is becoming an alarming problem in the country the overall analysis of the study is that majority of the women labourer had not knowledge about reproductive health. Women can play an important role in improving the knowledge on reproductive health by creating awareness among Family members and women folk as a whole by discussing between them. Conducting regular health check-ups.

2. Education: Local bodies like NGO's can arrange reproductive health education programs related to family planning, government initiatives. Promoting nutrition education and awareness. Improving workplace safety and occupational health standards.
3. Research: Research can be done in different age in various aspects which is essential for reproductive health. The present research will help the person to conduct future studies related to this topic.
- 3 Administration: Deficiencies in knowledge on reproductive health need to be improving among the labourers through different awareness programmes, Providing clean drinking water, sanitation, and hygiene facilities. Strengthening women's education, economic empowerment, and social protection schemes, Ensuring access to maternal and reproductive healthcare services.

Conclusion

The study provides valuable insights into the reproductive health of tea garden community of Teok, Jorhat Dist of Assam. Findings reveal that the reproductive health of Tea garden women labourer is a crucial health issue. Healthy and well-nourished women are more productive and better able to support their families and communities which is mainly depend on their male member of household as well as their knowledge about family planning and reproductive health is moderate level. Many women are not consistently following recommended menstrual hygiene practices. The findings highlighted the needs for increased awareness, Improving nutrition, healthcare, education, and working conditions will not only enhance the quality of life of women labourers but also contribute to sustainable economic and social development. Therefore, ensuring the reproductive health of women labourers should remain a priority for policymakers and society.

Bibliography

1. Cousins, S; 2015; *Assam's dying mother*; in Aljazeera Journal on Human Rights; p. 12.
2. Devi, P; 2014; *Socio Economic Status of the Tea Garden Women workers in Assam*; in Reviews of Literature, Vol-2, Issue-2; p. 12.
3. Gogoi, G; 2007; *Effect of maternal nutritional status on birth weight among the women of tea tribe in Dibrugarh district*; Indian Journal of Community Medicine; Vol-32; Issue-2.
4. Human Rights Law Network; 2013; *Fact Finding reports on Maternal Health in the Tea Estates of Sonitpur District, Assam*; in Socio-Legal Information Centre.
5. Karmakar, S; 2015; *The Garden Women lack Medicare*; The Telegraph.
6. Lahiri, A; 2015; *Relook at Tea Garden Labour*; Business Standard; p. 13.
7. Medhi, G.K, Hazrika. N.C, Shah. B and Mahanta J; 2006; *Study of health problems and nutritional status of tea garden population of Assam*; in Indian Journal of Medical Sciences, Vol-60, Issue-12.
8. Mishra, B; 2015; *Tea Garden Labours and Their Living Conditions: A study on Sarusarai Tea Garden of Jorhat District of Assam*; p. 12.
9. Mishra, M; 2016; *Gendered Vulnerabilities: Women Health and Access to Health Care in India*; Human Rights.

10. Park, K; 2015; *Park's Textbook of Preventive and Social Medicines*; Madhya Pradesh: Bhanarsidas Publication; Edition 23.